

# Town of Scituate

RECREATION COMMISSION  
FRIENDS OF SCITUATE RECREATION, INC.

600 CHIEF JUSTICE CUSHING HWY.  
SCITUATE, MASSACHUSETTS 02066  
TEL: (781) 545-8738  
FAX: (781) 545-6990



Scituate Recreation Department  
**SAILING Application**  
Summer 2013  
**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position of Employment: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address(please print): \_\_\_\_\_

College Address: \_\_\_\_\_

College Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of June 1, 2013: \_\_\_\_\_

**Education Qualifications:**

Level of Study	Degree	Date Granted	Dates Attended	Institution
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Graduate: \_\_\_\_\_

Bachelor's \_\_\_\_\_

Associate's \_\_\_\_\_

High School: \_\_\_\_\_

**Recreation Instructor/ Supervisor Experience/Volunteer Experience (please be specific):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifications/Awards/Hobbies (Interests):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References, please fill out separate sheets and turn in with application.**

Date available to start: \_\_\_\_\_

T-shirt size (please circle): small medium large x-large xx-large

Sweat shirt size (please circle): small medium large x-large xx-large

**PLEASE FILL OUT BOTH SIDES**

*Please take a moment to share with the Recreation the following:*

*Why you want to work with us this summer?*

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*Which programs are you interested in working for and why?*

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*What qualities do you have that you feel will be an asset to the Recreation Department?*

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*Any additional comments:*

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## **CORI REQUEST FORM- APPLICANT**

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PLEASE ATTACH A PHOTO I.D.

Town of Scituate Recreation Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

### APPLICANT/VOLUNTEER INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER Identity Theft Index PIN \*  
(Last 6 number required) (if applicable)

\_\_\_\_\_  
CURRENT ADDRESS:

\_\_\_\_\_  
FORMER ADDRESS:

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\* THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**\* The CHSB identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**